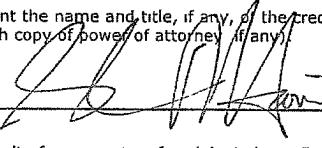


Exhibit B

FORM B10 (Official Form 10) (10/05)

United States Bankruptcy Court		District of Nevada	PROOF OF CLAIM RECEIVED AND FILED	
Name of Debtor USA Commercial Mortgage Company fka USA Capital		Case Number BK-S-06-10725	<p>2006 AUG 15 P 3:08</p> <p>U.S. BANKRUPTCY COURT PATRICIA GRAY, CLERK</p> <p>This space is for Court Use Only</p>	
NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.				
Name of Creditor (The person or other entity to whom the debtor owes money or property) Rodney L. Roloff & Sharyn A. Roloff, Trustees of the R&S Roloff Trust Dated 9/20/03		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars		
Name and address where notices should be sent Joshua D. Brysk Law Offices of James G. Schwartz 7901 Stoneridge Drive, Suite 401 Pleasanton, CA 94583		<input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case		
Telephone number (925) 463-1073		<input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court		
Last four digits of account or other number by which creditor identifies debtor		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim dated _____		
1 Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries and compensation (Fill out below) Last four digits of your SS# _____ Unpaid compensation for services performed from _____ (date) to _____ (date)		
2 Date debt was incurred 4/29/05, 11/23/05 & 2/9/06		3 If court judgment, date obtained		
4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations				
Unsecured Nonpriority Claim \$ _____ <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority		Secured Claim <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ 171,250 00 Amount of arrearage and other charges at time case filed included in secured claim if any \$ 171,250 00		
Specify the priority of the claim <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000) * earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)		<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____) *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment		
5 Total Amount of Claim at Time Case Filed \$ 171,250 00		(unsecured)	(secured)	
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim		(priority) <input type="checkbox"/> (Total) <input type="checkbox"/> Attach itemized statement of all interest or additional charges		
6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim		This Space Is for Court Use Only		
7 Supporting Documents Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary				
8 Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim				
Date 8/11/06	Sign and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)			
Joshua D. Brysk, Esq.				
Penalty for presenting fraudulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571				

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		PROOF OF CLAIM - Chapter □ 13 ■ 11 □ 7 □ Other
Name of Debtor USA COMMERCIAL MORTGAGE COMPANY		Case Number BK-S-06-10725-LBR
NOTE This form NOT be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503		
Name of Creditor (The person or other entity to whom the debtor owes money or property) FRANK SNOPKO TRUSTEE OF THE CHARLOTTE SNOPKO MARITAL TRUST DATED 8/31/04	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement Giving particulars <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court	
Name & Address where notice should be sent Stephen R. Harris, Esq. Belding, Harris & Petroni, Ltd 417 W. Plumb Lane Reno, NV 89509 Telephone number (775) 786-7600	ELECTRONICALLY FILED BY BELDING, HARRIS & PETRONI LTD ON 11/13/06	
Account or other number by which creditor identifies debtor	Check here if this claim <input type="checkbox"/> Replaces <input type="checkbox"/> Amends A previously filed claim, dated _____	
1 BASIS FOR CLAIM <ul style="list-style-type: none"> <input type="checkbox"/> Goods Sold <input type="checkbox"/> Services Performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal Injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other <ul style="list-style-type: none"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (FILL OUT BELOW) Your Social Security # _____ - _____ Unpaid compensation for services performed from (Date) _____ To _____ (Date) 		
2 Date debt was incurred 10/05 Eagle Meadows Dev, 3/06 Gateway West - 2 nd , 10/05 Preserve At Galleria		3 If court judgment date obtained
4 Total amount of claim at time case filed \$ 100,000.00 - see Exhibit "A" - according to proof of damages at hearing		
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach an itemized statement of all interest or additional charges		
5 Secured Claim <ul style="list-style-type: none"> <input type="checkbox"/> Check this box if your claim is secured by collateral (Including a right of setoff) Brief description of collateral <ul style="list-style-type: none"> <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicles <input type="checkbox"/> Other _____ Value of collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____		6 Unsecured Priority Claim <ul style="list-style-type: none"> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim <ul style="list-style-type: none"> <input type="checkbox"/> Wages, salaries or commissions up to \$4,300* earned within 90 days before filing of the bankruptcy petition, or cessation of the debtor's business whichever is earlier 11 U.S.C. §507(a)(3) <input type="checkbox"/> Contribution to an employee benefit plan 11 U.S.C. §507(a)(4) <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease or rental of property or services for personal family or household use - 11 U.S.C. §507(a)(6) <input type="checkbox"/> Alimony, maintenance or support owed to a spouse, former spouse or child - 11 U.S.C. §507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. §507(a)(8) <input type="checkbox"/> OTHER Specify applicable paragraph of 11 U.S.C. §507(a)(____) *Amounts are subject to adjustment on 4/1/98 and every three years thereafter with respect to cases commenced on or after the date of adjustment
7 Credits the amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim		(This space for court use)
8 Supporting documents attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary		
9 Date Stamped copy To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and a copy of this proof of claim		FILED NOV 13 2006
Date 11/13/06 Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any). 		Stephen P. Harris Attorney for Creditor
Penalty for presenting fraudulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C. §152 & 3571		

UNITED STATES BANKRUPTCY COURT

DISTRICT OF NEVADA

PROOF OF CLAIM

Name of Debtor

USA COMMERCIAL MORTGAGE CO.

Case Number

06-10725

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (The person or other entity to whom the debtor owes money or property):

JAMES CIELEN, a married man

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Check box if you have never received any notices from the bankruptcy court in this case.

Check box if the address differs from the address on the envelope sent to you by the court.

THIS SPACE IS FOR COURT USE ONLY

Name and address where notices should be sent:

ROBERT C. LEPOME
10120 S. EASTERN # 200
HENDERSON, NV 89052

Telephone number: (702) 492-1271

Last four digits of account or other number by which creditor identifies debtor: 5822

Check here replaces
if this claim amends a previously filed claim, dated: _____

1. Basis for Claim

Goods sold
 Services performed
 Money loaned
 Personal injury/wrongful death
 Taxes
 Other NEGLIGENCE & FRAUD

GENERAL UNSECURED
CLAIM - CLASS 4

Retiree benefits as defined in 11 U.S.C. § 1114(a)

Wages, salaries, and compensation (fill out below)

Last four digits of your SS #: _____

Unpaid compensation for services performed

from _____ to _____
(date) (date)2. Date debt was incurred: JAN 1, 2005
TO APRIL 12, 2006

3. If court judgment, date obtained:

4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.

Unsecured Nonpriority Claim \$ 43,750

Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.

Unsecured Priority Claim

Check this box if you have an unsecured claim, all or part of which is entitled to priority.

Amount entitled to priority \$ _____

Specify the priority of the claim:

Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)

Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).

Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).

Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).

*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

5. Total Amount of Claim at Time Case Filed:

\$ 43,750
(unsecured) (secured) (priority) (Total) 43,750

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date

12/8/06

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

ROBERT C. LEPOME, ATTY FOR CLAIMANT

THIS SPACE IS FOR COURT USE ONLY